

## TACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |                                |  |  |   |   |  |                              |  |  |
|---|---|--------------------------------|--|--|---|---|--|------------------------------|--|--|
| 1. DATE OF INCIDENT<br><b>18-OCT-2013</b>                 |   | TIME<br><b>01:24:00</b>        |  | 2. ADDRESS OF OCCURRENCE<br><b>3255 S HALSTED ST, Apt 2R CHICAGO, IL 60608</b>               |   | 3. LOCATION CODE<br><b>090</b>  |  | 4. BEAT/OCCUR<br><b>0915</b> |  |  |
| MEMBER INVOLVED<br><input type="checkbox"/> DNA           | 5. POSITION<br><b>9161</b>  | 6. LAST NAME<br><b>DZIELAK</b> | 7. FIRST NAME<br><b>MICHELLE M</b>   | 8. STAR NO.<br><b>19105</b>  | 9. SEX<br><input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F  | 10. RACE CODE<br><b>WHI</b>   | 11. AGE<br><b>507</b>  | 12. HT.<br><b>140</b>        | 13. WT.<br><b>140</b>  |  |
|   | 14. DATE OF APPT.<br><b>28-SEP-1998</b>   | 15. EMPLOYEE NO.<br><b>009</b> | 16. UNIT & BEAT OF ASSIGNMENT<br><b>0913R</b>  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  |                              |  |  |
|   | 20. LAST NAME<br><b>VALDEZ</b>  | 21. FIRST NAME<br><b>FELIX</b> | 22. M.I.<br><b>WWH</b>   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F            | 24. RACE<br><b>WWH</b>  | 25. D.O.B.<br><b>507</b>  | 26. HT.<br><b>230</b>  |                              |  |  |
| SUBJECT INFORMATION<br><input type="checkbox"/> DNA       | 28. ADDRESS<br><b>██████████</b>  |                                | 29. TELEPHONE NO.<br><b>██████████</b>   |  | 30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |   | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |                              | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |  |
|   | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?   |                                | 34. BY WHOM?   |  | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid                                  |   |  |                              |  |  |
|   | 36. CHARGES PLACED<br><input type="checkbox"/> DNA  |                                | 37. CB NO.<br><input type="checkbox"/> DNA   |  | 38. IR NO.<br><input type="checkbox"/> DNA  |   |  |                              |  |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)         | 38. SUBJECT'S ACTIONS   |                                | 39. MEMBER'S RESPONSE  |  | 40. ADDITIONAL INFORMATION<br><b>OFFENDER ARMED WITH 2 KNIVES</b>   |   |  |                              |  |  |
|   | PASSIVE RESISTER<br>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____  |                                | ACTIVE RESISTER<br>FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER <u>LUNGED AT OFFICERS</u>  |  | ASSAULT/ASSAULT<br>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER _____  |   | ASSAULT/BATTERY<br>ATTACK WITH WEAPON <input checked="" type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____   |                              | ASSAULT/DEADLY FORCE<br>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/><br>WEAPON <input checked="" type="checkbox"/><br>OTHER _____  |  |
|   | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/><br>OTHER _____ |                                | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC/CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____  |   | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/><br>OTHER _____   |                              | FIREARM <input checked="" type="checkbox"/><br>OTHER _____   |  |
| WEAPON DISCHARGE INCIDENT<br><input type="checkbox"/> DNA | 41. WEAPON TYPE<br><input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER  |                                | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |  | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial |   | 44. WEATHER CONDITIONS<br><b>CLEAR</b>   |                              |  |  |
|   | 45. MAKE/MANUFACTURER<br><b>SMITH &amp; WESSON -US. (BODYGUARD/CHIEF SPECIAL)</b>   |                                | 46. MODEL<br><b>5943</b>   |  | 47. BARREL LENGTH<br><b>040</b>   |   | 48. CALIBER/GAUGE<br><b>9 MM</b>   |                              |  |  |
|   | 49. TASER DART ID NO<br><b>VHM0360</b>  |                                | 50. WEAPON SERIAL NO. (Include Letters)<br><b>621487</b>   |  | 51. CHICAGO GUN REG. NO.<br><b>██████████</b>   |   | 52. IL FIREARM OWNER ID. NO.<br><b>██████████</b>  |                              | 53. HANDGUN CERTIFICATE NO.<br><b>5</b>  |  |
| CASE INFO.  | 54. SPECIAL WEAPON CERTIFICATE NO.  |                                | 55. PROPERTY INVENTORY NO.   |  | 56. TYPE OF AMMUNITION USED<br><b>Department Issued</b>   |   | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br><b>1</b>   |                              | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br><b>5</b>  |  |
|   | 59. WHO FIRED FIRST SHOT<br><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)  |                                | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO  |  | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED  |   | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)  |                              | 63. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |  |
|   | 64. HOW WAS MEMBER'S HANDGUN DRAWN<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)  |                                | 65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>NONE</b>  |   | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. |                              | 68. POSITION OF MEMBER DISCHARGING WEAPON<br><input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |  |
| SIGNATURES  | 72. NOTIFICATIONS (OC OR TASER INCIDENT):<br><input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.   |                                | 73. NOTIFICATIONS (FIREARM INCIDENT):<br><input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.  |  | 74. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.   |   |  |                              |  |  |
|   | 73. REPORTING MEMBER (Print Name)<br><b>DZIELAK, MICHELLE M</b>   |                                | STAR/EMPLOYEE NO.<br><b>19105</b>  |  | SIGNATURE<br><b>██████████</b>  |   |  |                              |  |  |
|   | 74. REVIEWING SUPERVISOR (Print Name)<br><b>PTASZKOWSKI, TODD E</b>   |                                | STAR NO.<br><b>1348</b>  |  | SIGNATURE<br><b>██████████</b>  |   | DATE REVIEWED<br><b>18-OCT-2013 09:09:42</b>   |                              | TIME   |  |

1329100065  
HW497234  
051065582  
Att. 6

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject deceased

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers actions were in compliance with Department procedures and directives after offender lunged at the officer with a knife, causing her to fear for her safety and the officer fired her weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1065582 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

18-OCT-2013 09:18:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1